

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022112

FILED JUL 7 1959 Registration District No. 187, Primary Registration District No. 3040 STATE FILE NUMBER 169 Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, give TOWNSHIP only) Chillicothe		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Chillicothe
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 333 Mansur		Length of stay in lb 4 1/2 yrs	d. STREET ADDRESS (If outside, give location) 333 Mansur
3. NAME OF DECEASED (Type or print) First Middle Last Willie D. Jones		4. DATE OF DEATH Month Day Year June 30, 1959	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 15, 1876	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Hale, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Dwight Wilson	13b. MOTHER'S MAIDEN NAME Ida	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Elmer Jones: Chillicothe, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of right lung		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 163x		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from June 26, 1959 to June 30, 1959 and last saw him alive on June 30, 1959. Death occurred at 8:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE W. Carpenter MD	(Degree or title)	22b. ADDRESS Chillicothe Mo	22c. DATE SIGNED July 1959
22d. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	22e. DATE 7-2-59	23c. NAME OF CEMETERY OR CREMATORY Cameron	23d. LOCATION (City, town, or country) (State) Hale, Mo.

24. FUNERAL DIRECTOR Norman Funeral Home, Chillicothe Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 7-1-59	26. REGISTRAR'S SIGNATURE Francis B Neill
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. 573..... working under my personal supervision.

Student Sandra L. Balin
Signature of Student Embalmer

Signed Elton Norman.....

Licensed Embalmer No. 4036
P. O. Address Chillicothe, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.